



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **NOTICE OF PRIVACY PRACTICES**

**Effective Date:** July 1, 2003

**Policy #:** HI-16

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- I. PURPOSE:** This policy addresses the information that must be contained in the official notice of privacy practices titled "Notice of Use of Private Health Information."
- II. POLICY:**
  - A. A client has the right to adequate notice of the uses and disclosures of Protected Health Information (PHI) that may be made by MSH, and the legal duties of the Department with respect to PHI.
  - B. MSH must provide a notice that is written in layman's language and that contains details in accordance with HIPAA Privacy Rules and DPHHS HIPAA Privacy Policy #006 titled Notice of Privacy Practices (please see Attachment A for MSH's Notice of Use of Private Health Information).
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
  - A. The Director of Information Resources is the designated MSH Privacy Officer. The Privacy Officer will ensure all long-term care patients receive a notice of privacy practices once every 3 years.
  - B. The admitting clerk will give a copy of the notice of privacy practices to patient at the time of admission.
- V. PROCEDURE:**
  - A. The admitting clerk will give a copy of the notice of privacy practices to the patient at the time of admission.
  - B. Patient will sign form verifying receipt of the notice of privacy practices.
  - C. Admitting Clerk will sign the form if patient receives notice, but refuses to sign.
  - D. Signature page verifying receipt of the notice of privacy practices will be routed to the Health Information Department to be filed in the patient record.

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Ed Amberg Date  
Hospital Administrator

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 Billie Holmlund Date  
 Director of Information Resources



State of Montana Department of Public Health and Human Services  
**MONTANA STATE HOSPITAL**  
**NOTICE OF USE OF PRIVATE HEALTH INFORMATION**  
Effective date April 14, 2003

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**For Your  
Protection**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION.**

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**Uses and  
Disclosures of  
Protected  
Health  
Information**

Your protected health information may be used by healthcare providers who take care of you and others outside our facility that are involved in your care and treatment for purposes of providing health care services to you, to pay your health care bills, to support the operations of the Professional Staff at Montana State Hospital, and any other use required by law  
We only share information about you that is needed at that time by that provider or agency to do their job.

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**1. Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to another health care professional that provides care for you. Your protected health information may be provided to a physician or mental health professional to whom you have been referred to ensure they have the necessary information to diagnose or treat you.

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**2. Payment:**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**3. Healthcare  
Operations:**

Your health information may be used as necessary to support the day-to-day activities and management of Montana State Hospital.

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**Uses and  
Disclosures  
without your  
consent:**

We follow laws that tell us when we have to share medical information, even if you do not sign an authorization form. We will disclose minimally necessary information when required to report the following.

1. contagious diseases;
  2. reactions and problems with medicines;
  3. to the police when required by law or when the courts order us to;
  4. to the government and licensure agencies to review how our programs are working;
  5. to a provider or other insurance company who needs to know if you are enrolled in one of our programs;
  6. to Workers' Compensation for work related injuries;
  7. birth, death, and immunization information;
  8. to the federal government when they are investigating something important to protect our country, the President, and other government workers.
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**Other  
Required Uses  
and  
Disclosures**

Will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization at any time, in writing, except to the extent that MSH has taken action to disclose the indicated authorization.

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**Your Rights:**

**You have the right to inspect, amend and copy your protected health information:** Access to some information per law and policy may be denied.

**You have the right to request a restriction of your protected health information:** Your request must state the specific restriction requested and to whom you want the restriction to apply.

**You have the right to receive confidential communications from MSH by alternative means or at an alternative location.**

**You have the right to receive an accounting of disclosures of protected health information.**

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**Our Duties:**

MSH is required by law to maintain the privacy of protected health information.  
MSH is required to abide by the terms in this notice.  
MSH has the right to change the terms of this notice and how revised notice will be provided.

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**This copy of  
the notice is  
yours:**

If you have questions about this notice, please ask the person who gave or sent it to you. If this person cannot answer your questions, or you believe your privacy rights have been violated, call the MSH Privacy Official at 693-7131 or the State Privacy Official at (406) 444-1460. You may also complain to the federal government Secretary of Health and Human Services by writing to 200 Independence Ave. SW, Washington, DC 20201. This needs to be done within 180 days of when the problem happened. You can also complain to the Office for Civil Rights by calling 866-627-7748.

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**Your Medical treatment will not be affected by a complaint made to the MSH Privacy Officer, the State Privacy Official or to the Secretary of Health and Human Services.**

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## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

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I have been given a copy of this notice and have had a chance to ask questions about how my personal health information will be used. I know that I can contact the MSH Privacy Official at 693-7131 if I have further concerns.

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**Signature**

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**Date**

**Copy of notice was given to patient: Patient refused to sign.**

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**Signature**

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**Date**

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**Patient Name**

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**Patient Number**